

Health Care for the Homeless Information Resource Center

VIDEO ORDER FORM

Complete this order form for video tape(s) requested. This form will not be accepted if incomplete .

Please print or type .

Dates videos are needed: _____
[**Include all dates needed for viewing (e.g., Oct. 8-13, 1999)*].

Location of video training site: _____

Video tape titles (*limited to five titles at one time*):

1. _____
2. _____
3. _____
4. _____
5. _____

HCH Grantee/subcontractor: ☐ No (*enclose check*) ☐ Grantee ☐ Subcontractor

Mailing address - No P.O. Boxes:

Name _____ Job Title _____

Agency _____

Address _____

City _____ State _____ Zip _____

Telephone: Work () _____ Home () _____

I understand that it is the policy of PRA that all video tapes be insured. If I fail to insure any video tape that I return to PRA, my organization or myself is responsible for replacing the video if the tape is lost or damaged. The video user is liable for any copyright infringements, as stated in the law title 17, U.S. Code.

Signature

Date